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ABSTRACT

While the mental health profession's acceptance of cultural diversity has been commendable with regard to race, gender, and ethnicity, it has not extended this acceptance adequately to the religious client: counselors have failed to adhere to the American Counseling Association's Code of Ethics when working with this particular population. There are many ethical issues involved in counseling the religious client, and it is imperative that counseling professionals be aware of these issues and regulate their practices to conform to ethical guidelines so that they may most ethically and effectively meet the special needs of their clients. The paper concludes with a set of ethical guidelines for use in counselor education programs and which counselors should follow when working with religious clients. Guidelines include: refer clients with widely divergent values from the counselor's; avoid using therapy as a context for evangelistic activities in promoting a particular cause; collaborate with clients regarding therapy goals that fit their needs; and try to integrate the clients' treatments with the clients' religious beliefs. Contains 22 references. (TS)

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Ethical Issues in Counseling Religious Clients

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A 1976 report in the Journal of Consulting and Clinical Psychology (Cohen & Smith) reported a case study in which the authors had used behavioral methods in treating an obsessional woman with a Christian Science background, over the course of 24 sessions. What was most striking about this particular case study was that the authors believed that her obsessiveness was directly caused by her religiosity so their intervention involved challenging her belief in God. They raised the infamous "problem of evil", questioning how she could believe in a benevolent, omnipotent God when there is so much human suffering. This reportedly "snapped her out of religion" and led to a decrease in the woman's obsessive symptomatology.

The case raises an interesting ethical question that every counselor faces: how should a counselor treat a client when that client's religious values appear to play an important part in the client's pathology? At the time of this particular report the ethical standards of the American Counseling Association (ACA) provided very little help in answering this question but over the last 20 years ethical standards have expanded to include such issues.

In 1988 a book entitled Abuse and Religion: When Praying Isn't Enough (Horton, & Williamson) featured a number of chapters and articles that discussed the relationship between abuse and religious beliefs. One of the authors (Horton, 1988) asserted that religious victims have often been ill-served and misunderstood by the treatment community due to counselors' perception of traditional religious beliefs and values as being dysfunctional and philosophically incompatible with therapeutic goals. Moreover, those who treat abuse victims are generally untrained with regard to religious issues surrounding the abuse. A later chapter in the book (Alsdurf & Alsdurf, 1988) provides some extremely helpful insights into the teachings of the Bible that could be quite helpful to therapists working with abuse victims and perpetrators who have strong, fundamentalist religious thinking that clients may use to justify their participation in the

abusive cycle.

Another striking example appeared in a more recent journal edition (Woody, 1990) of the Journal of Marital and Family Therapy concerning the treatment of a 14-year-old male who tied up his 10-year-old sister and then brutally raped her. He was described as coming from a "strongly fundamentalist Christian family" and as being adamantly opposed to using masturbation as part of the treatment plan due to his religious beliefs and due to his belief that it was "sick" to engage in such behavior. The psychologist assigned to evaluate the boy was faced with the moral and ethical dilemma of either following her own professional inclinations in the treatment plan or discarding it in respect for the family's and the client's values. In this case she decided to follow her own personal values and goals for the client in the belief that this was in the best interest of the the client and of society.

Whatever our thoughts are about these cases they are just two examples of the type of ethical decisions that we all have to make as counselors. Every counselor faces such value choices frequently when counseling religious clients although it may not be in such dramatic ways all the time. A host of ethical concerns arise as we encounter religious people in our counseling practice and it is critical that we be aware of the various ethical issues involved when we deal with them.

Until the last 20 years or so religious issues were considered taboo and counselors were expected to keep their own personal values out of their counseling. However, an increasing amount of attention has been given to these ethical issues in the professional literature, and a growing consensus has developed among mental health professionals that therapy is inherently value-laden and that counselors cannot remove their values completely from the counseling setting. As counselors we need to know what our values are, recognize how we use them in counseling, be aware of the ethical problems we face when there are value discrepancies between our values and our client's values, and have some principles to guide us in working with religious clients to prevent us from

violating ethical principles in our counseling practices with them.

However we choose to respond to these ethical issues one thing is very clear--we cannot simply ignore them. We will respond in one of three ways to our client's values and religious beliefs. Using the terminology of one writer (Presley, 1992), our choices for dealing with the religious faith of our clients include avoidance, eradication, or integration of the client's faith with our treatment strategies. Each of these approaches may be ethically acceptable when practiced within the bounds of our code of ethics, but each of them carries with them certain potential ethical problems and responsibilities.

Ethical Principles Involved in Counseling Religious Clients

First, let us examine the ethical principles that most directly bear upon our counseling practices with religious clients. Using the most recent Code of Ethics approved by the Governing Council of the American Counseling Association in April of 1995, six overlapping ethical principles guide us in our practice. These six principles will be briefly considered and discussed before we next consider some ethical guildelines for working with this special population. The principles focus on multicultural sensitivity, professional competence, freedom of choice, personal values, counseling goals and personal needs.

Multicultural Sensitivity

ACA principle A.2.b. states that "Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethical/racial identity impacts her/his values and beliefs about the counseling process" (p.2). Many people restrict their thinking about multiculturalism to differences found between the different races and ethnic groups, but awareness has quickly grown among mental health professionals that it also includes differences found among people of various religious groups.

In an article in the December 1992 edition of Counselor Education and Supervision

authors Robert Pate and Amy Bondi point out that the term "culture" includes religious beliefs and practices. Most dictionary definitions include religion as part of the definition and these authors quote from other sources to demonstrate that social scientists are showing increased interest in cultural diversity and that "religion is understood to be intimately tied to ethnic identity" (Couglin, 1992, p. 6).

As a result, many counselor educators are now advocating that religious values be included as an essential element of multicultural training in counselor education programs (Odell & Stewart, 1993, Pate, & Bondi, 1992; Quackenbos, Privette & Klentz, 1986, Stander, Piercy, Mackinnon & Helmeke,1994). Some of these have even offered specific suggestions for how to include religious and spiritual values in the multicultural training component of counselor education programs. In the words of Pate and Bondi, "the question should not be whether religious beliefs will be presented and discussed as a critical component of client diversity, but how to include religious faith in the curriculum" (p.110). It is important that counselors show sensitivity and respect for the culture of the religious persons they counsel.

Professional Competence

Closely connected to multicultural sensitivity and respect is the principle of professional competence. ACA principle C.2.a. states, "Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population" (p.7). Principle C.2. f. moreover states that counselors "take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work" (p.7).

Consider the broad ranging implications of counseling members of a particular cultural group without having an adequate understanding of their cultural beliefs and

behavioral patterns. It would be similar to attempting treatment with a depressed, agoraphobic, anorexic or abused client without availing oneself of the accumulated knowledge of these disorders that has been gathered from extensive research and treatment efforts by others. At the very least ignorance is likely to waste a great deal of the client's time and money, and more seriously it may result in a failure of therapy and further harm the client. Lack of knowledge may even result in the counselor expending considerable effort to change aspects of the client's behavior and thinking that are only marginally related to the disorder and that are extremely resistant to therapeutic modification. Counselors who treat religious clients without specialized training may be in violation of this principle if they do not take care to limit their change focus.

Freedom of Choice

Another important ethical principle involved in working with religious clients is the freedom-of-choice principle. ACA ethical principle A.3.b. states that "Counselors offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients are fully explained" (p.2). Inherent in this freedom of choice is the client's right to be aware of the counselor's values, especially when those values and beliefs are likely to restrict the counselor's range of therapeutic strategies due to conflicting values. Clients should be offered the freedom to choose a counselor whose basic values and beliefs are reasonably compatible with those of the client so that only those specific beliefs and practices which are most directly linked to their disorder will be targeted for change.

Personal Values

ACA principle A.5.b. indicates that counselors "are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients" (p.3). Research suggests that the values of mental health professionals are widely divergent from those of the clients they serve (Privette,

Quackenbos, & Bundrick, 1994). Research is clear that during counseling sessions the client's values move in the direction of the counselor's values (Parloff, Goldstein, & Iflund, 1960: Rosenthal, 1955; Welkowitz, Cohen, & Ortmeyer, 1967). This is, in fact, what many religious clients fear and the reason why many of them prefer to seek counseling from religious counselors or pastoral staff. A large discrepancy between the values of clients and counselors has been shown to lead to ineffective counseling outcomes (Rosenbaum, Friedlander, & Kaplan, 1956; Sapolsky, 1965).

The assumption underlying this principle is that values held by an entire culture are seldom central to psychological disorders, otherwise one would expect the entire culture to demonstrate the same disorder. For example, if one believes that the marital values of Christian fundamentalists are causally related to abusive relationships, then one would expect that all good fundamentalists will have abusive marital relationships, which is clearly untrue. Given some knowledge of this cultural group's beliefs will enable the counselor to identify idiosyncratic beliefs of the abusive couple that are not supported by the larger cultural group. A counselor, however, who does not understand this dynamic is likely to try to "throw out the baby with the bath water" and succeed only in arousing strong resistance from the client, further alienating religious clients from the mental health profession, or in removing some cultural values that serve an important function in the client's life and social network. Counselors must avoid using therapy as an opportunity to promote their own personal evangelistic agendas.

Counseling Goals

ACA ethical principle A.1.c. states that "Counselors and their clients work jointly in devising integrated, individual counseling plans... and regularly review counseling plans to ensure their continued viability and effectiveness, respecting clients' freedom of choice" (p 2). This principle means that counselors should work in unison with clients to reach the client's goals rather than working covertly to reach their own goals for the client.

A 1983 study (Worthington & Scott) indicated that a counselor's values are reflected in the goals they select to pursue in counseling and that religious counselors and nonreligious counselors choose significantly different goals for their counseling. When counselors select goals in unison with their clients it enables them to be more open about their values and to avoid imposing their values on their clients. Such a practice is incumbent upon counselors regardless of their personal values.

Personal Needs

The sixth and final ethical principle relevant to religious clients is the principle of personal needs. ACA ethical principle A.5.a. says that counselors "avoid actions that seek to meet their personal needs at the expense of clients" (p.3). When applied to religious clients this principle requires that the counselor be aware of personal reactions and overreactions to religious issues due to unresolved personal experiences of the counselor. In an article in the Journal of Humanistic Psychology (1991), therapist Jonna Lannert asserted that "therapists are often inadvertently subject to countertransference reactions" when religious or spiritual issues surface (Lannert, 1991,p. 68). She went on to say "There seems to be a lack of awareness that therapists may harm their clients by conveying their own attitudes toward religion, which are often antireligious and the outgrowth of unresolved conflicts, as though they were matters of scientific fact" (p. 72). Consistent with the principle of personal needs, a counselor who reacts strongly to religious clients might need to consider referral to another counselor if his or her personal needs interfere with the ability to remain objective and therapeutically useful to the religious client.

Ethical Guidelines in Working with Religious Clients

A number of writers have offerred guidelines for working with religious clients (Bergin, 1980; Bergin, 1991; Odell, & Stewart, 1993; Presley, 1992). Based in part upon these guidelines, the following ten procedures are suggested.

1. Consider providing a values disclosure statement as part of the intake process

to inform prospective clients about your values as a counselor stating what you believe to be the characteristics of mentally healthy individuals, marriages, and families and be willing to answer any questions clients may wish to ask about your values.

2. When important value issues arise in counseling that were not covered in the written informed consent statement, frankly admit this to the client and renegotiate the therapeutic contract with the client before proceeding in the session.

3. Refer clients with widely divergent values from your own, when possible, if you believe that the differences might interfere with your ability to be objective.

4. Consult with individuals who have specialized knowledge or training when dealing with religious clients whose beliefs appear to be causally related to their psychological disorder and when an alternate referral source is unavailable or inadvisable.

5. Attempt, whenever possible, to match clients and counselors according to values.

6. Avoid using therapy as a context for evangelistic activities in promoting a particular cause, worldview, political ideology or social bias. Address values of a moral, political, or religious nature cautiously and only with the full informed consent of the client.

7. Collaborate with clients regarding therapy goals that fit their needs. If their goals appear to be contrary to their best interest discuss alternatives, limitations, and consequences of their goals but allow them to ultimately choose which goals to pursue.

8. If you choose to avoid dealing directly with religious issues due to lack of training or lack of comfort with a client's religious beliefs, consult with individuals who are knowledgeable about the religious beliefs and practices of the client's religious group.

9. Before attempting to challenge or eradicate a client's religious beliefs provide informed consent and attempt to narrrow the focus of your change efforts as much as possible to change only that which is most directly related to the client's disorder.

10. Try to integrate the client's treatment with his or her religious beliefs, when

you have the appropriate training to work within the bounds of professional competence.

Summary

The mental health profession's acceptance of cultural diversity has been commendable with regard to race, gender, and ethnicity, but it has not extended this acceptance adequately to the religious client. There are many ethical issues involved in counseling the religious client and it is imperative that we, as professionals, be aware of these and regulate our practices to conform to ethical guidelines so that we may most ethically and effectively meet the special needs of our clients.

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